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ONTARIO

ONTARIO HOSPITAL SERVICES COMMISSION

Annual Report 1964



ONTARIO





ONTARIO HOSPITAL SERVICES COMMISSION

OFFICE OF THE CHAIRMAN

2195 YONGE STREET, TORONTO 7

THE HONOURABLE M. B. DYMOND, M.D., C.M.,
MINISTER OF HEALTH.

Honourable Sir:

It is my pleasure to present to you the 1964 Annual Report of the Ontario Hospital Services Commission, covering the sixth year of operation of the hospital insurance plan. This publication, which summarizes the more important services which were rendered to the residents of Ontario in 1964, will be complemented in the near future by a Statistical Supplement, containing detailed information on the operation and utilization of individual hospitals and facilities approved by the Plan, as well as selected statistics on morbidity patterns throughout the province.

The composition and organizational structure of the Commission remained substantially unaltered in 1964. On October 31, the Very Reverend Monsignor John A. O'Mara, J.C.L. of the St. Margaret Mary Church, Woodbridge, was appointed to fill the vacancy on the seven member Commission. Organizational changes were made in the Hospital Services Branch with the separation of the Hospital Development and Care Standards Division into two divisions; namely, the Hospital Programmes Division and the Hospital Care Standards Division.

During the year 2,166 new hospital beds were opened, bringing to 44,594 the number of beds which were available by the end of 1964 in hospitals and facilities approved by the Plan. In an effort to stimulate construction in areas suffering acute bed shortages, the Government of Ontario established a loan fund, effective March 1, 1964. Under this fund, loans of up to \$5,000 for each bed in new active treatment accommodation built by public hospitals are available at an interest rate of 3 per cent per annum. As of December 31, 1964, \$3,276,000 had been approved in loans, which will enable several hundred new beds to be put in service much earlier than previously expected. Further particulars about grants, which are available to public hospitals for construction and renovation purposes, will be found in the body of this report.

Expenditures in hospitals participating under the hospital insurance programme continued to increase but at a declining rate during 1964. Hospital costs reimbursed by the Commission totalled \$305,739,960, an increase of 11.6 per cent which was .4 per cent below that recorded in 1963.

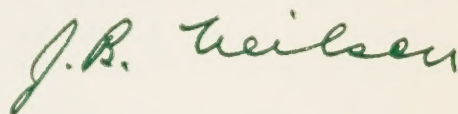
In addition to this sum, the Ontario Government bore the entire cost of care in mental hospitals and tuberculosis sanatoria which rose by \$4,409,340 to \$72,429,138 in 1964, and supplied grants totalling \$16,643,258 for hospital construction or other special purposes.

Further extensions of out-patient benefits were also made in 1964. On July 1, hospital out-patient benefits were extended to include physio and occupational therapy, speech therapy and radio-therapy. Later, on September 14, 149 private physiotherapists became eligible to have the services they rendered insured under the Plan. Also on September 14, the Commission assumed responsibility for payments on a treatment basis to rehabilitation and crippled children's treatment centres located in the province. The total cost of these additional out-patient services amounted to \$592,644 as of December 31, 1964.

September 1964 also saw the opening of the Quo Vadis School of Nursing, based at St. Joseph's Hospital in Toronto. This school restricts its enrolment to women between the ages of 30 and 50 years and offers a two-year diploma programme patterned after that of the Nightingale School of Nursing. It also promises to attract into nursing a large number of older women and the school is set up to meet their special needs.

The Commission wishes to acknowledge the valued assistance and co-operation of the hospitals. Representatives and officials of the Ontario Medical Association, Ontario Hospital Association and the nursing profession have given much advice and assistance. Several departments of government have been called upon for assistance which has been readily given. These numerous contacts of the Commission are essential to providing good hospital care to the residents of Ontario and we are grateful for the help we have received.

Yours sincerely,

A handwritten signature in dark ink, reading "J.B. Neilson". The signature is written in a cursive, flowing style with a large initial "J" and "B".

John B. Neilson, M.B.E., M.D.
Chairman and Chief Commissioner.

John B. Neilson, M.B.E., M.D., F.A.C.H.A., *Chairman and Chief Commissioner*

E. P. McGavin, C.A., *Commissioner of Finance*

Clarence V. Charters, *Commissioner*

W. Bev. Lewis, M.P.P., *Commissioner*

Very Rev. Monsignor John A. O'Mara, J.C.L., *Commissioner*

J. McIntosh Tutt, *Commissioner*

Thomas C. Grice, *Secretary to the Commission.*

August 4, 1965

CONTENTS

	PAGE
LETTER OF TRANSMITTAL - - - - -	iii
Report of the Commission - - - - -	1
Insured Population - - - - -	1
Volume of Hospital Care - - - - -	1
Hospital Planning for Beds and Services - - - - -	2
Hospital Grants and Loans - - - - -	5
Out-Patient Services - - - - -	8
Home Care - - - - -	8
The Quo Vadis School of Nursing - - - - -	9
Financial Operations - - - - -	9
Ontario Hospital Services Commission Financial Statements - - - - -	12
 Tables	
Volume of Hospital Care Given in Ontario, 1964 - - - - -	14
Trends in Public Hospital Care, 1962 to 1964 - - - - -	16
 Charts	
Plan of Organization - - - - -	3
Total Beds, Days of Care and Admissions per 1,000 Population - - - - -	4



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REPORT OF THE COMMISSION

During 1964, the daily operations of the Commission were managed by an Executive Committee consisting of the Chairman, the Commissioners of Hospitals and Finance and the Secretary to the Commission. This Committee met and conferred regularly with the other four Commissioners on matters relating to formulation of policy.

The Commission's responsibilities under the *Hospital Services Commission Act* are as follows:

- (a) to ensure the development throughout Ontario of a balanced and integrated system of hospitals and related health facilities;
- (b) to administer the *Public Hospitals Act*, the *Private Hospitals Act* and all *Regulations* thereunder;
- (c) to administer the Ontario Hospital Insurance Plan under an agreement between the Government of Ontario and the Government of Canada.

A chart outlining the current lines of authority within the organization is shown on page 3.

INSURED POPULATION

The insured population of Ontario rose by 3.2 per cent in 1964 to 6,572,871, and constituted 99.2 per cent of the total provincial population eligible to participate under the hospital insurance plan. The distribution of these beneficiaries by insurance categories is shown below:

	Number in Plan ¹		Percentage Increase or (Decrease)
	1964	1963	1964/63
<i>Insured through groups</i>			
(a) Payroll deductions and co-operatives	4,659,602	4,498,596	3.6
(b) Public welfare ²	148,979	140,327	6.2
(c) Other welfare ³	42,766	44,912	(4.8)
<i>Insured directly through certificate holders</i>	1,611,706	1,589,082	1.4
<i>Hospital indigents⁴</i>	109,818	97,251	12.9
TOTAL	6,572,871	6,370,168	3.2

Most of the insured population paid their premiums through payroll deduction or co-operatives (70.9 per cent), but 24.5 per cent remitted payments directly on their own. Welfare and indigent groups made up less than 5 per cent of the total insured population.

VOLUME OF HOSPITAL CARE

Hospital utilization continued to rise moderately in 1964, although the increases between 1963 and 1964 were, on the whole, less than those occurring between 1962 and 1963. The following table illustrates the utilization in public and private hospitals including temporarily approved nursing homes, calculated in terms of admissions and days of care per 1,000 eligible population⁵.

¹ All figures shown except hospital indigents are based on the Dominion Bureau of Statistics' estimate of the average number of persons in a family which was 2.573.

² Insured by the Ontario Department of Public Welfare.

³ Includes provincial and municipal indigents, persons on relief roles, wards of Children's Aid Societies and patients in mental institutions and tuberculosis sanatoria who did not insure themselves under the Plan.

⁴ Uninsured residents admitted to hospital who were or became indigents and for whom the municipality or province paid a statutory rate.

⁵ Eligible population is defined to be the total provincial population (6,586,000) less armed forces personnel, members of the R.C.M.P. and inmates of Federal penal institutions (45,000). Population figures are quoted as of June 1 and based on Dominion Bureau of Statistics' estimates.

<i>Level of Care</i>	<i>Public and Private Hospitals¹</i>							
	<i>Total Admissions</i>			<i>Total Days of Care</i>			<i>Average Length of Stay</i>	
	<i>1964</i>	<i>1963</i>	<i>1962</i>	<i>1964</i>	<i>1963</i>	<i>1962</i>	<i>1964</i>	<i>1963</i>
Active Treatment including								
Psychiatric	153	152	149	1,572	1,551	1,514	10.2	10.2
Convalescent Care and Rehabilitation	1	1	1	38	34	31	46.5	45.7
Chronic Care	1	1	1	356	346	350	262.3	275.6
All levels of care	155	154	151	1,966	1,931	1,895	12.5	12.6

Between 1963 and 1964, the greatest increases in actual days of care per 1,000 eligible population occurred in hospitals providing active treatment and chronic care. It is significant also that the average length of stay in active treatment facilities has remained unchanged since 1962, while that in chronic care facilities has steadily declined since 1959. The tables appearing on pages 14 and 16 record some of the more significant statistics and relevant comparisons that pertain to hospital utilization in the different types of hospitals and facilities approved under the Plan.

HOSPITAL PLANNING FOR BEDS AND SERVICES

The overall standard used by the Commission in planning to meet active treatment bed needs (excluding psychiatric) is 5.0 beds per 1,000 population². This standard is scaled according to the degree of community, district and regional type care provided in each hospital centre, and then weighted to take into account the age distribution of the hospital service area population to which it is applied. The standard for convalescent and rehabilitation care is .25 beds per 1,000 population, applied to regional service area population figures. The chronic care ratio is 1.0 beds per 1,000 community population, weighted in terms of the age group, 65 years and over. Psychiatric beds to be located in public general hospitals are calculated at .6 beds per 1,000 adult (15 years and over) population, located within the hospital's district service area. The allocation of these beds, however, is vested with the Mental Health Division of the Department of Health, although the operational cost of the units comes under the jurisdiction of the Commission.

During 1964, public hospitals in Ontario brought into service 2,166 hospital beds³, 366 newborn bassinets³ and 362 beds for accommodation of student nurses, and medical interns. At the close of the year, 27 hospital building projects were either in progress or had approval to start. These projects have been designed to bring an additional 3,512 hospital beds into use. The following table summarizes and classifies this information according to type of accommodation.

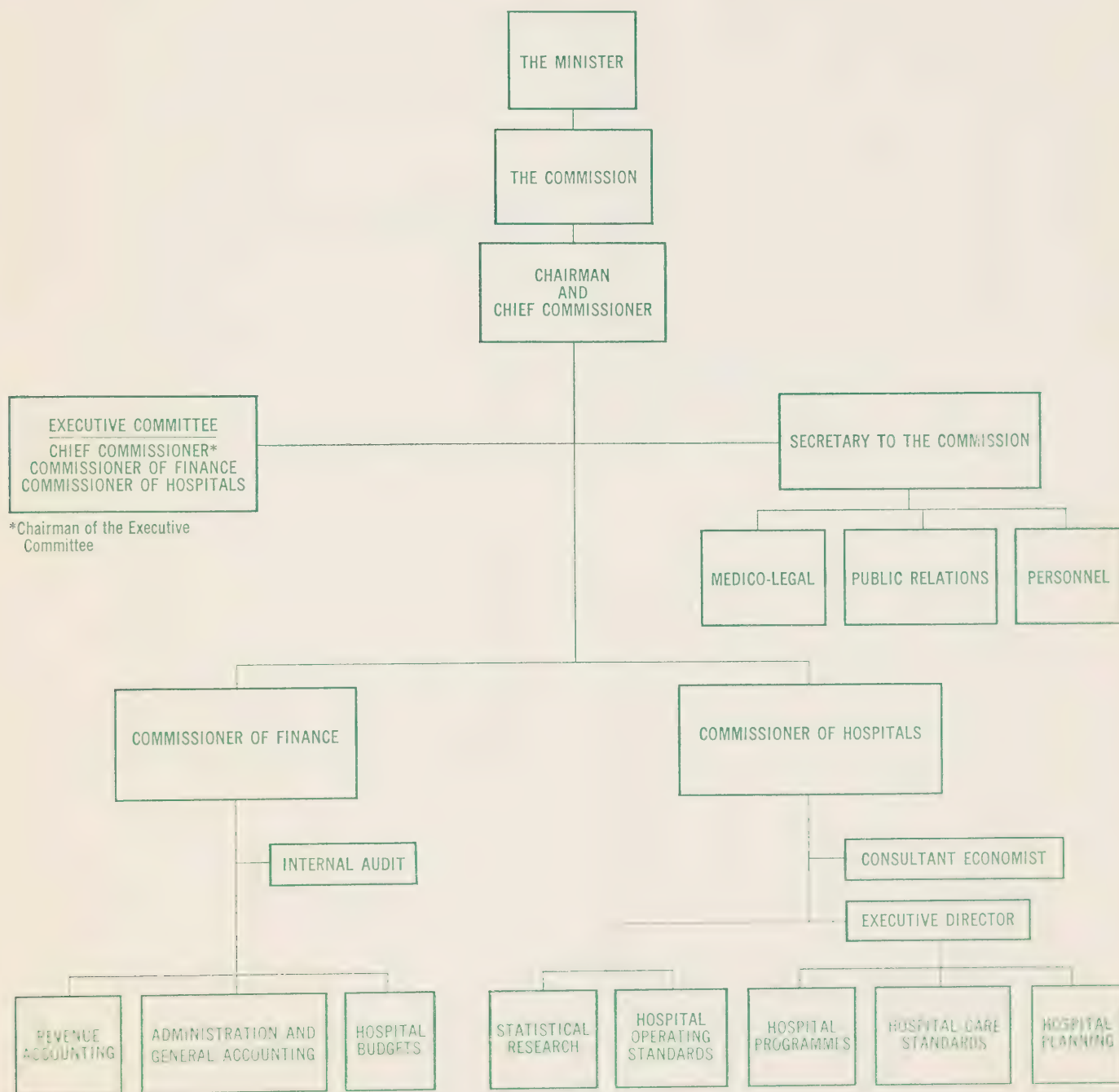
	<i>Adult and Child Beds</i>			<i>Newborn Bassinets</i>	<i>Accommodation for Nurses and Interns</i>
	<i>Active Treatment</i>	<i>Convalescent</i>	<i>Chronic</i>		
New beds available in 1964 (Gross)	2,035	...	131	366	362
Beds under construction and beds approved but not started as of December 31, 1964	3,423	...	89	412	288

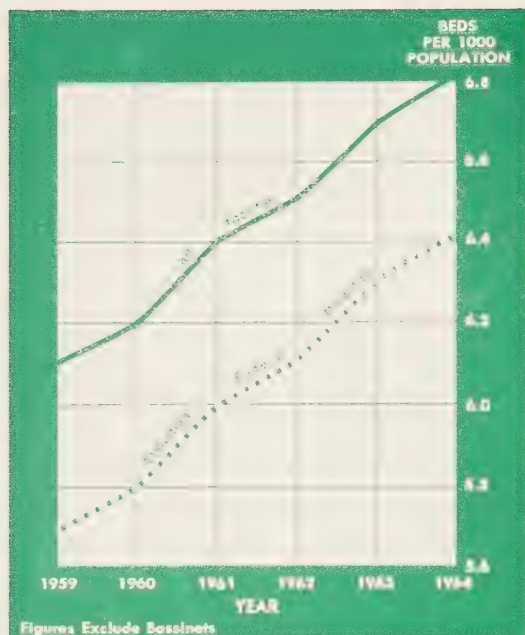
¹ Including temporarily approved nursing homes.

² The population figure used in connection with all planning ratios is based on total population less armed forces personnel. In certain centres, if adequate hospital facilities are provided in Ontario Hospitals, federal penal institutions and provincial reformatories, this population is also excluded on a community basis.

³ Part of gross of 2,166 new adult beds was offset by 592 beds taken out of service as a result of obsolescence or renovations. Similarly, the 366 bassinets were offset by 231 taken out of service.

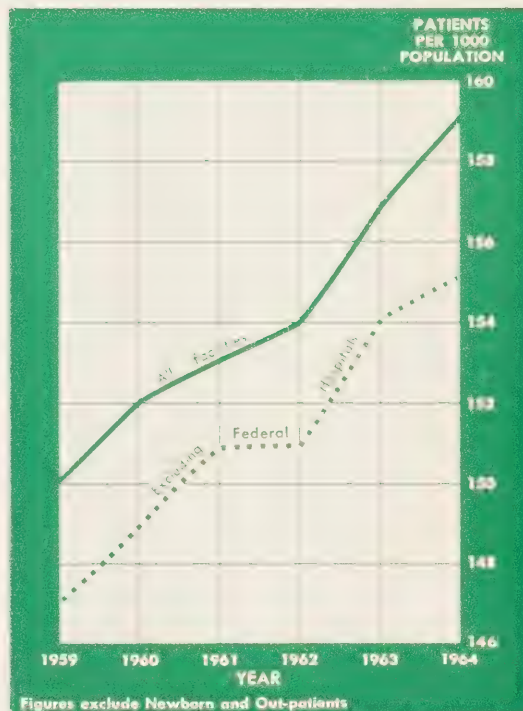
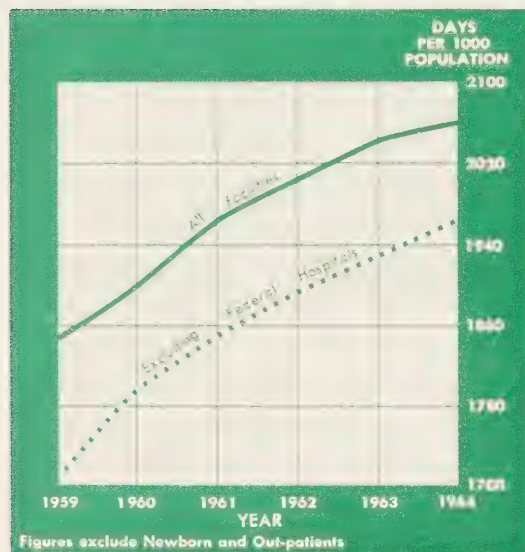
**ONTARIO HOSPITAL SERVICES COMMISSION
PLAN OF ORGANIZATION**





◀ TOTAL BEDS AVAILABLE PER 1000 POPULATION (Includes beds in approved Nursing Homes and Federal Hospitals), ⁽¹⁾ ⁽²⁾

▶ TOTAL ADMISSIONS PER 1000 POPULATION PER YEAR IN ALL HOSPITALS. ⁽²⁾



▶ TOTAL DAYS OF CARE PER 1000 POPULATION PER YEAR IN ALL HOSPITALS. ⁽²⁾

(1) Total beds as at December 31st.

(2) Eligible Population as at June 1st.

Reference to the following table shows that there was a net increase of 1,461 beds in all hospitals and temporarily approved nursing homes in 1964 over 1963, 84.4 per cent of which were for active treatment. This increase resulted from new construction and re-classification of existing beds.

<i>Type of Bed</i>	<i>Total Rated Bed Capacity at Dec. 31, 1964</i>	<i>Beds per 1,000 Eligible¹ Population</i>	<i>Net Increase or (Decrease) of Beds 1964/63</i>	<i>Percentage Increase or (Decrease) In Beds 1964/63</i>
Public and Private Hospitals				
Active treatment	33,083	5.0	1,336	4.2
Psychiatric (short-term and intermediate)	642	.1	37	6.1
Convalescent Care and Rehabilitation	1,343	.2	179	15.4
Chronic Care	6,956	1.0	7	.1
All levels of care	42,024	6.3	1,559	3.9
Federal Hospitals and Nursing Stations				
All levels of care	2,570	.4	(98)	(3.7)
Total, all levels of care	44,594	6.7	1,461	3.4

Although the figures indicate that more beds exist in total than are provided by the planning formulae, it should be remembered that most hospitals are permitted to plan for bed needs that are anticipated 5 years hence, due to the length of time required for adequate planning and construction. Also, not all of the existing beds are located where they are most needed; this is particularly so in some metropolitan areas.

It will also be observed that there has been a decided increase in the number of psychiatric beds made available at public general hospitals in recent years. These beds are primarily for those patients who require active short-term or intermediate psychiatric treatment and who could be best cared for in a general hospital setting. The establishment of these beds is being co-ordinated with a programme to reduce the active psychiatric treatment load formerly absorbed by Ontario Hospitals.

Also included in the above table are available active and chronic beds located in Federal hospitals. These beds do not form part of planning formulae. When all these various factors are taken into consideration, the number of available beds closely approximate the need indicated by Commission planning standards.

HOSPITAL GRANTS AND LOANS

For many years the Province of Ontario has assisted hospitals with several types of grants, which can be broadly classified into three groups—capital, special capital, and out-patient grants. Effective March 1, 1964 further assistance was made available through the establishment of a loan fund. A brief description of the grant and loan structures in effect as at December 31, 1964 follows:

Capital Grants

Included under this heading are grants for new construction and major renovations. Provincial grants for these purposes are supplemented by similar grants from the Federal Government. As of July 1, 1964, hospitals were permitted to apply for advances on grants, as each eighth of the work was completed.

¹ See footnote 5 on Page 1.

New Construction

<u>Type of Accommodation</u>	<u>Provincial Grant</u>	<u>Federal Grant</u>
Active treatment beds.....	\$3,200 per bed	\$2,000 per bed
Chronic beds	3,000 " "	2,000 " "
Convalescent beds	3,000 " "	2,000 " "
Nurses' beds	3,200 " "	750 " "
Interns' beds.....	2,000 " "	750 " "
Nursery bassinets.....	1,066 $\frac{2}{3}$ per bass.	666 $\frac{2}{3}$ per bass.

Auxiliary Services

(a) Dispensary, physiotherapy, x-ray, laboratory, occupational therapy, autopsy, emergency department, out-patient department, community health services, hospital training facilities.	10.66 $\frac{2}{3}$ per sq. ft. of floor area	6.66 $\frac{2}{3}$ per sq. ft. of floor area
(b) Dietary department, operating suite, delivery suite, central supply and treatment and examination rooms and laundry service.	10.66 $\frac{2}{3}$ per sq. ft. of floor area	Nil

The above provincial grants will be paid on all new beds, provided, however, that the grant is not more than 50 per cent of the cost of construction. Federal grants are limited to 33 $\frac{1}{3}$ per cent of the cost of construction.

<u>Type of Accommodation</u>	<u>Provincial Grant</u>	<u>Federal Grant</u>
Psychiatric beds.....	\$8,500 per bed	\$2,000 per bed
Detention beds.....	8,500 " "	2,000 " "

If the cost of providing beds in the above two classifications should be less than \$10,500, the amount paid in provincial grant is limited to the difference between the grant of \$2,000 paid by the Government of Canada and the actual cost.

Major Renovations

In an effort to improve existing hospital buildings and prolong their use, both Provincial and Federal Governments pay grants towards the cost of major renovations. This grant has been limited to renovations carried out within the walls of the existing hospital where new construction grants would have been paid had the renovated services been provided in a new building.

During the past year, exceptions to the above general ruling were made to include the conversion or replacement of boiler plants, provided substantial savings could be achieved by changing the type of fuel or equipment. Each proposal is examined on its merits with consideration being given to the savings that will accrue to the Commission in the operation of the Hospital Insurance Plan.

In order to have some control over the cost, provincial grants on all renovation projects except those involving psychiatric units, are limited to \$2,000 per bed and/or \$3,200 per bed-unit of any area improved. Renovation grants on psychiatric units are now payable on the basis of two-thirds of the cost. Renovations of auxiliary service areas, which are sometimes quite costly are payable on the basis of one-third of the cost, with a limit of \$3,200 for every 300 square feet improved.

Northern Ontario Grant

Extra assistance for hospital construction is given to hospitals in the territorial districts of the Province. When the hospital is located in a municipality of 12,000 or less, the extra grant amounts to \$2,000 per bed for active treatment beds and \$1,000 per bed for convalescent and chronic beds. For municipalities over 12,000, the grant amounts to \$500 per active treatment bed and \$250 per convalescent and chronic bed.

Special Capital Grant

Each year since 1952, the Province has made available a special capital grant which has been designated for various capital purposes. The grant has been paid at varying rates to all public hospitals on the basis of the number of beds. In recent years, the rate has been \$75.00 per bed. Since 1952, a total of \$55.1 million has been paid, with \$2,823,450 being paid in 1964.

Grants to Hospitals With Organized Out-patient Departments

During 1959, the Government sought to relieve hospitals of losses incurred in operating organized out-patient departments by increasing the rate per visit from 30 cents to \$1.50. The total cost of this grant for the fiscal year 1964-65 will be approximately \$1,075,000.

Provincial Loans for Hospital Construction

A new regulation was approved in June of 1964 which provided for loans to public hospitals to assist in construction of new active treatment facilities. These loans are made in amounts up to \$5,000 per new bed at an interest rate of 3% per annum. Repayment must amount to at least three-eighths of differential income occurring from the new beds.

Total Payments

The following table shows how much the province has paid in grants and loans to public hospitals during the last two fiscal years, ending March 31.

	<u>1964/65</u>	<u>1963/64</u>
Capital grants	\$11,472,214.82	\$12,158,023.86
Special capital grants	9,222,650.00	3,772,950.00
Organized out-patient grants	1,034,905.50	1,029,187.50
Total, grants paid	\$21,729,770.32	\$16,960,161.36
Loans approved	6,071,000.00	—
TOTAL, grants paid and loans approved	\$27,800,770.32	\$16,960,161.36

The \$9.2 million paid in special capital grants during the 1964-65 fiscal year includes \$5,550,000 allocated to several teaching hospitals which were undergoing construction, for the purpose of improving their teaching facilities.

OUT-PATIENT SERVICES

The various types of out-patient services available to insured residents are as follows:

1. *Emergency*—out-patient care rendered within 24 hours of an accident at a hospital;
2. *Follow-up and other*—(a) hospital out-patient care deemed necessary to conclude primary emergency treatment rendered in fracture cases, and (b) care that could be given on an out-patient basis to eliminate the necessity of the patient being admitted as an in-patient to hospital;
3. *Therapy services*—radio-therapy, physiotherapy, occupational therapy, and speech therapy for organic illness or injury, rendered in the hospital out-patient department;
4. *Private physiotherapy*—physiotherapy services prescribed by a physician and rendered by those private physiotherapists who have contracted with the Commission to provide this service;
5. *Rehabilitation services*—treatment services provided on an out-patient basis to patients of rehabilitation and crippled children's centres.

Emergency, follow-up and other out-patient services were introduced in the Spring of 1962, the four therapy services on July 1, 1964, and private physiotherapy and rehabilitation services on September 14, 1964. The latter two groups were included under the Plan in order to prevent undue strain being placed on similar therapeutic facilities located in hospitals approved under the Plan. The cost of providing out-patient services in 1963 and 1964 is compared below:

<i>Cost of Out-patient Services</i>	1964	<i>1963</i>	<i>Percentage Increase 1964/63</i>
Emergency	\$4,650,397	\$4,500,000	3.3
Follow-up and other	1,087,018	930,000	16.9
Sub-total	\$5,737,415	\$5,430,000	5.7
Therapy services	464,584	—	—
Private physiotherapy	92,607	—	—
Rehabilitation services	35,453	—	—
TOTAL	\$6,330,059	\$5,430,000	16.6

HOME CARE

The pilot Home Care Programme in the City of Toronto came to an end on March 31, 1964, almost two-and-a-half years after it began in September 1961. It was succeeded on April 1, 1964 by a programme designed to meet the needs of all of Metropolitan Toronto.

During the two-and-a-half year trial period, the programme proved it was possible to achieve economies by discharging patients from hospital early and providing for their further care in a home environment. The 309 patients who participated in the hospital-based pilot programme freed 7,418 institutional days of care at a net saving of approximately \$116,000 after home care service and overhead costs were taken into consideration.

Early in 1964 a Home Care Programme was started in Ottawa. Consideration has been given to the extension of this plan into other areas of the province.

THE QUO VADIS SCHOOL OF NURSING

The Quo Vadis School of Nursing, which enrolled its first class of 32 students in September 1964, offers a two-year program which prepares candidates to write the registration examinations of the College of Nurses of Ontario and subsequently to practice as professional Registered Nurses. The school is independent and non-sectarian, with authority and responsibility vested in a Board of Directors. Finances are provided by the Commission, with funds presently channeled through the budget of St. Joseph's Hospital, Toronto. The most unique feature of the school is its policy of accepting only mature students—presently defined as women over 30 and under 50 years of age—who have the academic qualifications required for admission to schools of nursing in Ontario, have satisfied an Admissions Committee that they are personally suitable, and have made adequate arrangements to undertake the programme.

Another important feature is that research and counselling services have been made an integral part of the school's programme, and were put under the direction of a Co-ordinator of Research and Counselling Services. The purpose of the research is to determine how best to reach potentially qualified applicants, and how to provide them with the best professional education in a programme specifically designed for adults. The aim of the counselling programme is to provide personal guidance to both applicants and students, and through the information received, to evaluate and adjust the continuing programme.

FINANCIAL OPERATIONS

The annual comparative financial statements of the Commission for the calendar years 1963 and 1964 are shown on the following pages of this report.

An outline of some of the more important features of the statements follows:

1. *Expenditure—Insured Hospital Services*

The expenditure incurred for insured hospital services in 1964 was \$305,739,960. This represents an increase of 11.6 per cent over the comparable amount for 1963 of \$273,879,452. The increase includes the operating costs of new beds and services as well as the additional operating cost of existing facilities.

2. *Administrative Costs*

The net administrative expenses of the Commission for 1964 were \$5,464,835 which represents 1.8 per cent of the overall costs of the Plan. \$3,740,263 or 68.4 per cent was for salaries and wages. The Commission employed a total of 759 persons at December 31, 1964 as compared with a total of 805 persons at December 31, 1963.

3. *Premium Income and Government Contributions*

Premium income earned in 1964 in respect of standard ward coverage and certain out-patient benefits totalled \$109,628,225 as compared to \$94,258,198 in 1963.

The Government of Canada contribution for 1964 was \$149,394,401. The amount was calculated on the formula contained in the Federal-Provincial Agreement and will require slight modification when total 1964 hospital costs for all provinces are known.

Assistance by the Government of Ontario for hospital operating costs and administrative expenses for 1964 was \$56,459,702. In addition, expenditures totalling \$89,072,396 were made by the Province for mental and tuberculosis care, and for special and capital grants.

Income and Government Contributions

Premium Income Gross		\$109,628,225
Sundry Income		316,827
Government Contributions		
Canada		149,394,401
Ontario	\$124,383,148	
Special and Capital Grants	16,643,258	141,026,406

4. *Assets and Liabilities*

The Comparative Statement of Assets and Liabilities shows the financial position of the Commission as at December 31, 1964 and 1963.

Deferred income of \$40,727,849 at December 31, 1964 refers to premiums paid in advance for coverage in subsequent months. The funds obtained from these premium pre-payments were, in part, used as working capital to pay hospitals for their costs until the Commission was reimbursed by the Federal and Provincial Governments for their shares of hospital costs. The portion not used in this manner was invested in short-term government securities.

At December 31, 1964, it was estimated that \$2,550,000 was due to the Commission from third parties. This amount represents the estimated portion of hospital costs paid by the Commission that are recoverable from third parties responsible for the hospitalization of insured persons.

Unpaid hospital costs at December 31, 1964 amounted to \$21,672,389. In large part, this amount was owing to public hospitals and is the difference between the allowable costs incurred by hospitals for 1964 and the advances made to them in 1964 based on approved budgets. A further advance is given shortly after the year-end and a final settlement made when the hospital's audited financial statements are reviewed by the Commission and allowable costs ascertained.

G. H. SPENCE, B.A., F.C.A.
PROVINCIAL AUDITOR

R. B. CRANSTON, C.A.
ASST. PROVINCIAL AUDITOR



ONTARIO

OFFICE OF PROVINCIAL AUDITOR

ADDRESS ALL COMMUNICATIONS
TO THE PROVINCIAL AUDITOR
PARLIAMENT BUILDINGS, TORONTO

AUDITOR'S REPORT

To the Chairman and Members of the
Ontario Hospital Services Commission,
2195 Yonge Street,
Toronto, Ontario.

I have examined the statement of assets and liabilities of the Ontario Hospital Services Commission as at December 31, 1964 and the statement of expenditure, income and government contributions for the year ended on that date. My examination included a general review of the accounting procedures and such tests of accounting records and other supporting evidence as I considered necessary in the circumstances.

In my opinion the accompanying statement of assets and liabilities and statement of expenditure, income and government contributions present fairly the financial position of the Commission as at December 31, 1964, and the results of its operations for the year ended on that date.

George H. Spence F.C.A.

Toronto, Ontario.
June 17, 1965.

Provincial Auditor

ONTARIO HOSPITAL SERVICES COMMISSION
STATEMENT OF ASSETS AND LIABILITIES
December 31, 1964

(With comparative figures at December 31, 1963)

ASSETS		
	1964	1963
Cash	\$ 4,631,548	\$ 2,685,754
Government of Canada Treasury Bills—at cost and accrued interest (par value 1964 \$2,800,000; 1963 \$2,500,000) ..	2,796,838	2,496,937
Receivable from Government of Canada	22,890,783	20,209,864
Receivable from Province of Ontario	28,987,019	19,945,579
Group premiums receivable	2,733,043	1,857,445
Estimated hospital costs receivable from other insurers	2,550,000	1,975,000
Other receivables and prepaid expenses	224,944	130,735
	<u>\$ 64,814,175</u>	<u>\$ 49,301,314</u>

LIABILITIES		
Accrued hospital costs	\$ 21,672,389	\$ 21,623,977
Due to Province of Ontario for portion of premiums for improvement of care in Provincial mental institutions	1,198,564	1,191,319
Accounts payable and accrued liabilities	1,215,373	1,115,907
	<u>\$ 24,086,326</u>	<u>\$ 23,931,203</u>
Deferred income—premiums applicable to insured services in subsequent months	40,727,849	25,370,111
	<u>\$ 64,814,175</u>	<u>\$ 49,301,314</u>

Note: At December 31, 1964 the Commission, on behalf of the Province of Ontario, had made capital construction loans to hospitals totalling \$440,500. The funds for these loans were provided by the Province of Ontario, and all interest and principal received by the Commission will be remitted to the Province of Ontario.

ONTARIO HOSPITAL SERVICES COMMISSION
STATEMENT OF
EXPENDITURE, INCOME AND GOVERNMENT CONTRIBUTIONS
for the year ended December 31, 1964

(With comparative figures for the year ended December 31, 1963)

	1964	1963
EXPENDITURE		
Hospital costs:		
In-patient costs	\$301,723,474	\$270,668,394
Out-patient costs	6,359,548	5,006,628
Costs recovered from others	(2,343,062)	(1,795,570)
	<u>\$305,739,960</u>	<u>\$273,879,452</u>
Operating expenses:		
Salaries	\$ 3,740,263	\$ 3,829,081
Rentals, postage, printing and other administrative expenses	2,295,078	2,222,245
Expenses recovered from supplementary carriers of hospital insurance and health grants	(570,506)	(434,874)
	<u>\$ 5,464,835</u>	<u>\$ 5,616,452</u>
Total expenditure	<u>\$311,204,795</u>	<u>\$279,495,904</u>
INCOME		
Premiums for insured services	\$109,628,225	\$ 94,258,198
Less portion of premiums paid to the Province for improvement of care in Provincial mental institutions	4,594,360	4,488,486
	<u>\$105,033,865</u>	<u>\$ 89,769,712</u>
Income from investments	316,827	280,129
Excess of income over expenditure since inception of Plan to December 31, 1962	—	433,752
	<u>\$105,350,692</u>	<u>\$ 90,483,593</u>
GOVERNMENT CONTRIBUTIONS		
Government of Canada	\$149,394,401	\$132,368,666
Province of Ontario	56,459,702	56,643,645
	<u>\$205,854,103</u>	<u>\$189,012,311</u>
Total income and government contributions	<u>\$311,204,795</u>	<u>\$279,495,904</u>

VOLUME OF HOSPITAL CARE

GENERAL INFORMATION	ALL HOSPITALS	PUBLIC			
		ACTIVE TREATMENT		CONVALESCENT	
		Public General Hospitals (1)	Red Cross Outposts	Hospitals	Units of Hospitals (2)
Number of Hospitals or Units in Operation during 1964.....	---	178	14	8	5
Rated Bed Capacity as at December 31, 1964					
Adults and Children.....	44,594	32,703	175	1,044	299
Bassinets.....	6,182	5,944	94	---	---
Percentage of Bed Occupancy					
Adults and Children.....	82.6	83.5	57.7	50.3	49.0
Nursery.....	46.9	47.6	15.5	---	---
Average Number of Adults and Children in Hospital Daily.....	36,837	27,306	101	525	146
Average Length of Stay of Discharges and Deaths					
Adults and Children.....	12.8	10.3	6.5	45.2	52.1
Newborn.....	6.9	6.9	5.5	---	---
Admissions					
Adults and Children.....	1,038,642	964,505	5,633	4,239	1,079
Newborn.....	153,852	149,851	972	---	---
Total.....	1,192,494	1,114,356	6,605	4,239	1,079
Discharges and Deaths.....					
Adults and Children.....	1,037,045	963,369	5,607	4,243	975
Newborn.....	153,893	149,896	969	---	---
Total.....	1,190,938	1,113,265	6,576	4,243	975
Patients Treated During 1964					
Adults and Children.....	1,070,975	988,168	5,715	4,685	1,165
Newborn.....	156,490	152,435	982	---	---
Total.....	1,227,465	1,140,603	6,697	4,685	1,165
Total Days' Stay Since Admission of Discharges and Deaths					
Adults and Children.....	13,309,071	9,966,374	36,687	191,760	50,771
Newborn.....	1,059,372	1,033,849	5,372	---	---
Total.....	14,368,443	11,000,223	42,059	191,760	50,771
Days of Care Given in 1964					
Adults and Children.....	13,482,310	9,993,911	36,957	192,306	53,601
Newborn.....	1,061,006	1,035,559	5,348	---	---
Total.....	14,543,316	11,029,470	42,305	192,306	53,601

- (1) Includes (a) the new Orthopaedic and Arthritic Hospital, Toronto which opened on August 21, 1964 with 96 beds; (b) the West Haldimand General Hospital, Hagersville which opened on March 1, 1964 with 56 beds and (c) the 43 beds in the Sunnybrook Hospital, Toronto leased by the Wellesley Hospital, Toronto on May 15, 1964 for temporary use as an arthritic unit.
- (2) New units for convalescent patients were opened at Freeport Sanatorium, Kitchener, October 7, 1964; St. Vincent Hospital, Ottawa, December 7, 1964 and Queen Elizabeth Hospital, Toronto, October 7, 1964.
- (3) New Units for the chronically ill were opened at West Haldimand General Hospital, Hagersville, March 1, 1964; Dufferin Area Hospital, Orangeville, December 15, 1964; Soldiers' Memorial Hospital, Orillia, December 15, 1964; Port Hope and District Hospital, Port Hope, November 6, 1964; The General Hospital, Sault Ste. Marie, August 15, 1964.

GIVEN IN ONTARIO, 1964

HOSPITALS			PRIVATE HOSPITALS			FEDERAL HOSPITALS AND NURSING STATIONS				NURSING HOMES TEMPORARILY APPROVED FOR CHRONIC CARE (8)
CHRONIC		TOTAL (Public)	ACTIVE (4)	CHRONIC (5)	TOTAL (Private)	ACTIVE (6)	CONVALESCENT (7)	CHRONIC (Units)	TOTAL (Federal)	
Hospitals	Units of Hospitals (3)									
16	51	---	25	22	47	11	1	4	---	45
3,162 ---	2,471 ---	39,854 6,038	847 120	519 ---	1,366 120	1,753 24	... ---	817 ---	2,570 24	804 ---
100.6 ---	79.7 ---	83.4 47.1	80.6 38.0	95.9 ---	86.4 38.0	72.8 38.8	... ---	54.7 ---	67.0 38.8	87.9 ---
3,182	1,968	33,228	682	498	1,180	1,275	...	447	1,722	707
344.5 ---	185.6 ---	12.3 6.9	7.8 6.5	261.6 ---	12.2 6.5	20.0 7.8	... ---	308.4 ---	26.3 7.8	220.3 ---
3,592 --- 3,592	3,602 --- 3,602	982,650 150,823 1,133,473	31,745 2,585 34,330	573 --- 573	32,318 2,585 34,903	22,177 444 22,621	... --- ...	510 --- 510	22,687 444 23,131	987 --- 987
3,600 --- 3,600	3,300 --- 3,300	981,094 150,865 1,131,959	31,720 2,580 34,300	555 --- 555	32,275 2,580 34,855	22,181 448 22,629	... --- ...	493 --- 493	22,674 448 23,122	1,002 --- 1,002
6,764 --- 6,764	5,409 --- 5,409	1,011,906 153,417 1,165,323	32,227 2,619 34,846	1,056 --- 1,056	33,283 2,619 35,902	23,111 454 23,565	... --- ...	990 --- 990	24,101 454 24,555	1,685 --- 1,685
240,084 --- 240,084	612,507 --- 612,507	12,098,183 1,039,221 13,137,404	248,581 16,647 265,228	145,186 --- 145,186	393,767 16,647 410,414	444,331 3,504 447,835	... --- ...	152,060 --- 152,060	596,391 3,504 599,895	220,730 --- 220,730
164,414 --- 164,414	720,397 --- 720,397	12,161,586 1,040,907 13,202,493	249,722 16,689 266,411	182,079 --- 182,079	431,801 16,689 448,490	466,765 3,410 470,175	... --- ...	163,426 --- 163,426	630,191 3,410 633,601	258,732 --- 258,732

- 4) Lakeshore Private Hospital, New Toronto; license was not renewed for 1964.
- 5) The licensed beds in the Villa Private Hospital, Thornhill were reduced from 38 to 24 for 1964.
- 6) (a) The number of beds available in Sunnybrook Hospital, Toronto was temporarily reduced by the 43 leased to Wellesley Hospital, Toronto and (b) Westminster Hospital, London reduced its rated bed capacity by 58.
- 7) The patients and days in the Rideau Health and Occupational Centre, Convalescent Unit, Ottawa, are combined with the figures for Chronic Care and shown only in the Chronic column as they were not reported separately by the hospital.
- 8) Two nursing homes were approved and one ceased to operate under the Plan in 1964.

TRENDS IN PUBLIC HOSPITAL CARE, 1962 to 1964

ALL PUBLIC HOSPITALS IN ONTARIO	YEAR ENDED DECEMBER 31			Percentage Increase or Decrease 1964/63	Percentage Increase or Decrease 1963/62
	1964	1963	1962		
Population insured by O.H.S.C.*	6,572,871	6,370,168	6,177,629	3.2	3.1
Rated Beds	39,854	38,280	36,158	4.1	5.9
Number of Adult and Child					
Admissions	982,650	951,530	915,557	3.3	3.9
Discharges and Deaths	981,094	949,779	914,387	3.3	3.9
Patients Under Care During					
Year (1)	1,011,906	979,036	941,894	3.4	3.9
Total Patient Days					
(Adults and Children)					
of Discharges and Deaths (2)	12,098,183	11,627,490	11,269,306	4.0	3.2
of Care Given During Year (3)	12,161,586	11,656,624	11,193,907	4.3	4.1
Average Length of Stay of Patients					
Discharged or Died					
Active	10.3	10.3	10.3	0.0	0.0
Convalescent	26.5	25.7	25.5	1.8	0.4
Chronic	268.5	277.9	216.8	3.4	-12.3
Total	12.3	12.2	12.3	0.8	-0.8
Number of Diagnostic Radiological					
Examinations (4) (5)					
In-patients	867,447	773,024	714,933	12.2	8.1
Out-patients	966,431	857,164	784,104	12.7	9.3
Total Units of Laboratory Service					
Performed in Hospitals					
In-patients	36,469,801	31,360,953	26,881,519	16.3	16.7
Out-patients	3,908,597	3,394,585	3,045,237	15.1	11.5
Referred-In	1,811,143	1,681,799	1,213,477	7.7	38.6
Total Staff and Employees of					
Hospitals as at December 31st					
Full-Time	71,037	67,991	64,240	4.5	5.8
Part-Time	11,754	10,511	9,951	11.8	5.6
Total Paid Hours of Work	155,216,932	147,031,373	138,678,158	5.6	6.0

(1) Discharges and deaths plus patients in-residence at end of year.

(2) Days since admission (i.e. includes some days from prior year(s) and not all days of current calendar year).

(3) Days of care given during calendar year to discharges and deaths and patients in-residence at end of year.

(4) Excludes convalescent and chronic hospitals.

(5) Excludes routine admission chest x-rays.

* Insured population as of Dec. 31st.

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Ontario Hospital Services Commission

2195 Yonge Street

Toronto 7, Ontario

Telephone 487-1711

